

## Sample 2

*The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.*

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

1. **Date:** \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ Assailant: ☐ Female ☐ Male

2. **Specific Location:** \_\_\_\_\_

3. **Violence Directed Toward:** ☐ Patient ☐ Staff ☐ Visitor ☐ Other

Assailant: ☐ Patient ☐ Staff ☐ Visitor ☐ Other

Assailant's Name: \_\_\_\_\_

Assailant: ☐ Unarmed ☐ Armed (weapon)

4. **Predisposing Factors:**

☐ Intoxication ☐ Dissatisfied with Care/Waiting Time

☐ Grief Reaction ☐ Prior History of Violence

☐ Gang Related ☐ Other (Describe) \_\_\_\_\_

5. **Description of Incident:** ☐ Physical Abuse ☐ Verbal Abuse ☐ Other

6. **Injuries:** ☐ Yes ☐ No

7. **Extent of Injuries:** \_\_\_\_\_

8. **Detailed Description of the Incident:** \_\_\_\_\_

9. **Did Any Person Leave the Area because of Incident?**

☐ Yes ☐ No ☐ Unable to Determine

10. **Present at Time of Incident:**

☐ Police Name of Department: \_\_\_\_\_

☐ Hospital Security Officer

11. **Needed to Call:**

☐ Police Name of Department: \_\_\_\_\_

☐ Hospital Security

12. **Termination of Incident:**

Incident Diffused ☐ Yes ☐ No Police Notified ☐ Yes ☐ No

Assailant Arrested ☐ Yes ☐ No

13. **Disposition of Assailant:**

☐ Stayed on Premises ☐ Escorted off Premises ☐ Left on Own ☐ Other

14. **Restraints Used:** ☐ Yes ☐ No Type: \_\_\_\_\_

15. **Report Completed By:** \_\_\_\_\_ Title: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Supervisor Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Please put additional comments, according to numbered section, on reverse side of form.

Source: Reprinted with permission of the Metropolitan Chicago Healthcare Council, *Guidelines for Dealing with Violence in Health Care*, Chicago, IL, 1995.